UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION

CASE NO: 3:08-BK-04242

ARDELL VINCENT PANZRINO And JEANIE PANZRINO

Debtors.			

SUGGESTION OF DEATH

The undersigned attorney files this announcement that JEANIE PANZRINO died on November 22, 2010. A copy of the death certificate is attached hereto and by this reference made a part hereof.

I HEREBY CERTIFY that a copy of the foregoing has been furnished to: Douglas W. Neway, Trustee, Post Office Box 4308, Jacksonville, Florida 32202; and to the United States Trustee, Room 620, 135 West Central Boulevard, Orlando, Florida 32801 by mail this 21st day of December, 2010.

PINKSTON & PINKSTON, P.A.

By:_

David J. Pinkston Florida Bar Number 0985619 Post Office Box 4608 Jacksonville, FL 32201 904/389-5880; FAX 904/389-9957 Attorney for Debtor

OFFICE of VITAL STATISTICS

CERTIFIED COPY

1. DECEDENT'S NAME (First, Michie, Last, S	Jean Jean	nie	Panzrino		2. 8EX		, " '	
DATE OF BIRTH (More), Day, Year)	44. AGE-Last Birthday	46 UNDER I YEAR	40 UNDER I DAY	B. DATE OF D	Fer EATH (Month, Day, Year)	nale		
December 10, 1953	7. BIRTHPLACE (City and State or	200 300 100	1.50	Novemb	per 22, 2010			
170-46-3474	Tampa, Flori	da	Duval	OF DEATH			1.5	
9. PLACE OF DEATH HOSPITAL: (Check only one)		ency Room/Outpesters	Deed on Arrival					
NON-HOSPITAL: 10. FACILITY HAME (If not institution, give str	Hospice facility Nursing rest activess)	g HorrstLong "erm Care Fac	11a. CITY, TOWN, OR L		11.19			
8340 Axson Street 12. MARITAL STATUS (Specify)		165	Jacksonville	CONTROL OF DEATH	and the	E CITY LIMITE?	184	13 76
Married Married, but Bepares	edWidowed		13. BURVIVING SPO	USE'S HAME (X wife, ga	e malden nama)	an agenting the	350	
14a. RESIDENCE - STATE	146. COUNTY	Divorced Never &	14c. CITY, TOWN, O	- Panzrino	e's			10
Florida 14d STREET ADDRESS	Duval		Jackson	ville	* i			
8340 Axson Street	5		14q, APT.	NO. 14. ZIP CODE 32221		E CITY, LINETS?	3,68	134
15a. DECEDENT'S USUAL OCCUPATION (a Do not use "Resired" HOmen	rickess type of work done during me	ost of working Itte.)	156. KIND OF BURIN		<u> </u>	No No		
16. DECEDENT'S RACE (Specify the received	ces to indicate what deceded come	idened himselfhersell to be a	Own Home	2				
		merican Indian or Alaskan Na		icenta.)				
Asien Indian Chiraee	FilipinoJa	penese Korean	Vietnamesa	Other Asien (Specif	r)			
17 DECEDENT OF HISPANIC OR HAITIAN (Specify & decedent was of Hispanic or Haitia	ORIGIN?		Ho let. (Specify) Mexican Puenn		(Specify)			
	ar urgac)				Central/South Ame	rican Hetino		
16. DECEDENT'S EDUCATION (Specify that		of school completed at time of High tohool dynamic or GEO	of death.)	1 16	18. WAS DECEDENT U.S. ARMED POR	EVER IN		
	Sens rierrae (Snactivi)	Associate Bechelo	x'sMester's	Domorate	Yes	,		
Kenneth Jones	100)		RENAME (PRI MICHE MAN) DA MISCUE	en Sumenie)		<u> </u>		
Jason Ross			IONSHIP TO DECEDENT	234. INFORMANTS	MAILING - BYATE			
Zason Koss Zas. City on Town	230 577	SOT.	1	Flori				17.30
Jacksonville	0.1		Foster Cour	t.	3222		25 C ST	
24. PLACE OF DISPOSITION (Name of community	etery, crematory, or other place)	25a LOCATION	- 87ATE	256. LOCATION - CITY	OR TOWN		1	1
26s METHOD OF DISPOSITION Bust	Enterphysical Lab	Florid		Jacksonvi;	lle		4	
206. IF CREMATION, DONATION OF BUREA WAS MEDICAL EXAMINER	AL AT SEA. 27s. LICENSE N	(searces) tc) REBMEN	Pernoval from State 275, SIGNATORE OF FUNERU	Other (Specify)	OR PERSON ACTING A	5 SUCH	18.30	A March
APPROVAL GRANTED? YES 28. NAME OF FUNERAL FACILITY	F042	:595				_		
			- YM	m. Wid	LKINGW	7		
National Cremation			- And	298. PACRITY'S MARK	LKINGW	1		
296. CITY OR TOWN	29c. ST	REET ADDRESS	- Pouland	m. Wid	49 - STATE			
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